

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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50						
TOTAL IND.	/	0	0	0	0	0
TOTAL DEP.	10	0	0	0	0	0
TOTAL CLAIMS	11					

*	IND.	DEP.	*	IND.	DEP.	*
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100						
TOTAL IND.		0	0	0	0	0
TOTAL DEP.		0	0	0	0	0
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS